05-02-06

PART B - FEE(S) TRANSMITTAL

MAY: 0 1 20	<i>(2)</i>		or <u>F</u>	P. A <u>Sax</u> (5	.O. Box 1450 lexandria, Virgi 571)-273-2885	nia 22313-1450		
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MINNEAPOLIS, MN 55402 (as "Express Mail Post Office to Addressee"						Jodi Jung	(Depositor's name)	
Mailing Label No.				(for	di Jung	(Signature)		
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APPLICATION NO.	FILING DATE		FIRST NAMED IN	NVENTO)R	ATTORNEY DOCKET NO.	CONFIRMATION NO.	
10/614,721 TITLE OF INVENTION: H	07/07/2003 IEMOCONCENTRATOR IN	N EXTRACORPOR	Edgardo Costa REAL BLOOD (DID1045US	7585	
APPLN, TYPE	SMALL ENTITY	ISSUE FI	ISSUE FEE P		LICATION FEE	TOTAL FEE(S) DUE	DATE DUE	
nonprovisional	NO	\$1400)		\$300	\$1700	05/24/2006	
EXAN	MINER	ART UN	ır	CLA	SS-SUBCLASS			
BIANCO,	PATRICIA	3761		6	04-006150			
CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47: Rev 03-02 or more recent) attached. Use of a Customer 2 regi				For printing on the patent front page, list) the names of up to 3 registered patent attorneys agents OR, alternatively,) the name of a single firm (having as a member a gistered attorney or agent) and the names of up to registered patent attorneys or agents. If no name is sted, no name will be printed.				
3. ASSIGNEE NAME AND	RESIDENCE DATA TO B	E PRINTED ON T	THE PATENT (J	print or	type)			
3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY) Sorin Group Italia S.r.l. Mirandola (MO), ITAL FC: 1501 02 FC: 1504						05/03/2006 HBERHE1 0 01 ₹C:1501	10000067 10614721 1400.00 0 300.00 0	
Please check the appropriate	e assignee category or catego	ries (will not be pr	inted on the pate	ent) :	☐ Individual ☐ Co	orporation or other private gr	roup entity Government	
4a. The following fee(s) are Issue Fee Dublication Fee (No: Advance Order - # o	small entity discount permitte		Payment by	the amo	unt of the fee(s) is encard. Form PTO-2038 by authorized by chaumber _16-2312		edit any overpayment, to tra copy of this form).	
a. Applicant claims S	s (from status indicated above MALL ENTITY status. See	37 CFR 1.27.				LL ENTITY status. See 37 (
NOTE: The Issue Fee and I interest as shown by the rec	Publication Fee (if required) ords of the United States Pat	will not be accepted ent and Trademark	d from anyone o Office.	other tha	n the applicant; a regi	stered attorney or agent; or	ation identified above. the assignee or other party in	
Authorized Signature	MALL	Telg			Date 5	71/06		
Typed or printed name	Terry L. Wile	es			Registration N	10. <u>/29,989</u>		
This collection of informati an application. Confidentia	or je required by 37 CFR 1.3 lity is governed by 35 U.S.C	111. The information 122 and 37 CFR	on is required to	obtain o	or retain a benefit by t estimated to take 12	he public which is to file (arminutes to complete, includ	nd by the USPTO to process) ing gathering, preparing, and	

submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

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Date of Notice of Allowance: February 24, 2006

Confirmation No.: 7585 Serial Number: 10/614,721

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicants:	Edgardo Costa Maianti et al.	Attorney Docket: DID1045US							
Serial No.:	10/614,721	Group Art Unit: 3761							
Filed:	July 7, 2003	Examiner: Patricia Bianco							
For:	HEMOCONCENTRATOR IN EXTRACORPOREAL BLOOD CIRCUIT								
TRANS	SMITTAL OF PAYMENT OF IS								
Commission P.O. Box 14:	PISSUE FEE er for Patents 50 VA 22313-1450								
Dear Sir:									
1. Appli	Applicants hereby pay the issue fee for the attached Issue Fee Transmittal								
PTOL-85 (1	page).								
2. Fee (3	37 C.F.R. §§ 1.18(a) and (b)):								
Appli	cation status is:	Regular	<u>Design</u>						
□ sm	all business entity - fee	□ \$700	□ \$400						
	☐ verified statement attached								
	□ verified statement filed on								
	Certificate of Express Mailing	(37 C.F.R. § 1.10)							
"Express Mail	that this paper or fee is being deposited w Post Office to Addressee" Mailing Label N Mail Stop Issue Fee, Commissioner for Pat	o. <u>EV 857722705 US</u> in a	n envelope						

Date: //ay/, 2006

1450 on the date indicated below.

Signature:

Name: Jodi Jung

Transmittal of Payment of Issue Fee Attorney Docket: DID1045US Applicants: Edgardo Costa Maianti et al. Serial Number: 10/614,721

☑ other than a small entity - fee ☑ \$1400 ☐ \$800

3. Payment of fee: ☑ Enclosed please find a check for \$1730.00 (issue fee of \$1400.00, publication fee of \$300.00, and ten copies of patent at \$3.00 each).

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☐ Charge Account _____ the sum of \$_____.

Respectfully submitted,

Dated: 5/1/06

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